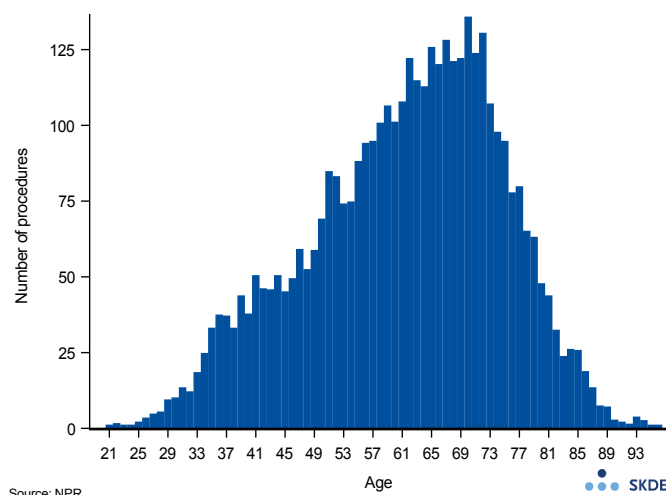


The pelvic organs are supported by muscles and connective tissue, and when this support system is weakened, the organs in question can prolapse or descend into the vagina. The uterus and the vaginal portion of the cervix may descend into the vagina, the bladder can bulge backwards into and possibly out of the vagina (cystocele), or the rectum can bulge forward into and possibly out of the vagina (rectocele). Common symptoms include a sensation of a lump in the vaginal opening and a feeling of heaviness, and problems passing urine or stools.

Background

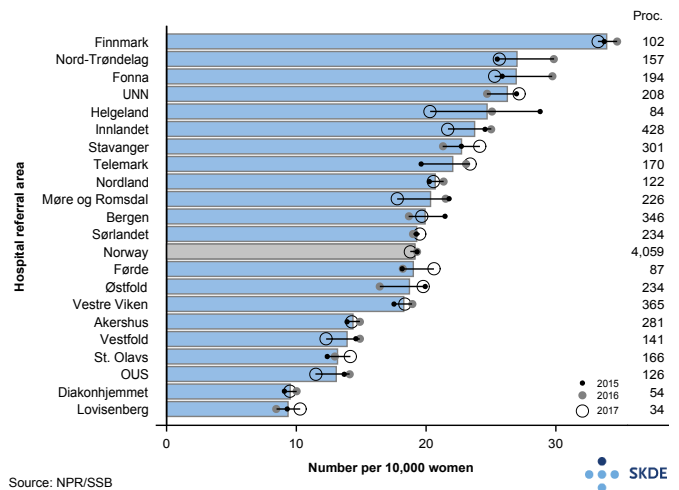
The degree of prolapse is described using a system of four categories from stage 1 (least severe) to stage 4 (most severe, complete prolapse). Complete prolapse is when the whole uterus is outside the vaginal opening. Pelvic organ prolapse is probably caused by a number of factors. Increasing age, having borne multiple children, oestrogen deficiency, being overweight, heavy physical labour, constipation and chronic coughing are all factors that increase the risk. Treatment is individual, and only patients who experience distressing symptoms require treatment. Conservative treatment with weight reduction and pelvic floor exercises can be useful in mild cases. Topical oestrogen treatment (in the form of suppositories, cream or gel) can be used for stage 1 prolapse in menopausal women. A ring pessary works for many patients, but the ring can cause pressure sores. There are different surgical techniques for tightening the connective tissue in the anterior and/or posterior wall of the vagina. The vaginal vault will usually have to be fixated, and the vaginal portion of the cervix sometimes has to be shortened. About 90% of the patients in a Norwegian study were satisfied with the outcome after undergoing surgical treatment, and few experience recurrence of prolapse symptoms.



Number of procedures for pelvic organ prolapse broken down by age, average per year for the period 2015–2017.

Results

During the period 2015–2017, around 4,000 procedures for pelvic organ prolapse were performed per year. Surgical procedures to treat pelvic organ prolapse are performed on adult women of all ages, but are most common among women aged between 50 and 75 years. The average age of patients undergoing such procedures was 61.4 years. There was considerable geographical variation in the use of surgical treatment of pelvic organ prolapse.



Number of procedures for pelvic organ prolapse per 10,000 women, adjusted for age, average per year 2015–2017 broken down by hospital referral area. Average number of procedures on the right.

Residents of Finnmark hospital referral area, which has the highest rate, underwent about 25% more such operations than women living in the Nord-Trøndelag hospital referral area, which had the second highest rate. Women living in the Nord-Trøndelag area had more than twice as many operations for pelvic organ prolapse as residents of the hospital referral areas of Diakonhjemmet and Lovisenberg, which have the lowest rates. If we exclude the hospital referral areas with the highest and lowest rates (Finnmark, Lovisenberg and Diakonhjemmet), the variation is moderate.

Comments

The geographical variation in the use of surgical treatment of pelvic organ prolapse is high. If we exclude the hospital referral areas with the highest (Finnmark) and lowest (Diakonhjemmet and Lovisenberg) rates, the variation is moderate. The number of such procedures is relatively high, and the rates remained stable from one year to the next in most of the hospital referral areas. This indicates that chance is not an important explanatory factor for this variation.

There is no known geographical variation in morbidity to indicate that there should be any significant geographical variation in the need for such operations between hospital referral areas. Since it cannot be assumed to be due to chance or be ascribed to women’s preferences with respect to conservative treatment versus surgery, the variation must be deemed to be unwarranted.